

North Carolina Public Schools

HEALTH EXAMINATION CERTIFICATE

Employees who were employed during the preceding school year need only complete items 1, 2, and 10.

1. NAME: _____ AGE _____ RACE _____ SEX _____
2. ADDRESS: _____
3. BLOOD PRESSURE: _____ WEIGHT: _____ HEIGHT: _____
4. SMALLPOX: Previous attack: _____ No _____ Yes; Last previous immunization _____
5. SKIN: (Record any evidence of disease) _____
6. VISION: Without glasses; R: ²⁰/ ; L: ²⁰/ ; With glasses; R: ²⁰/ ; L: ²⁰/
7. HEARING: Ordinary conversation, R: /20 ft., L: /20 ft. Hearing aid used: No _____ Yes _____
8. MOUTH, NOSE, THROAT: (Record any evidence of disease or presence of speech defect) _____
9. HEART AND LUNGS: (State whether individual can undergo normal activity) _____

10. TUBERCULOSIS*
Tuberculin skin test: (Record date and findings) _____
X-ray of chest: (Record date and findings) _____
1. ABDOMEN: (Record any abnormality found, including hernia) _____

2. GENITO-URINARY: (Record any abnormalities found, result of urinalysis, and if necessary microscopic examination of discharge) _____

13. SEROLOGICAL TEST FOR SYPHILIS: (Record date and result). _____
14. NERVOUS AND MENTAL: (Record any defects found) _____

15. ADDITIONAL FINDINGS: _____
16. RECOMMENDATIONS: _____

This is to certify that an examination of the above-named person shows the results indicated, and that _____ is (not) free of tuberculosis or other communicable disease, or any disease, physical or mental, which will impair the ability of said person to perform his or her duties.

Date: _____ Signature of Physician: _____ M. D.

*Tuberculin skin test or chest X-ray is required annually. Those who have a positive reaction to the skin test must have an X-ray at once and are required to have an X-ray each year thereafter.